

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number <b>09/987,931</b>		Filing Date <b>16 November, 2001</b>		<input type="checkbox"/> To be Mailed				
				Applicant(s) <b>FANG ET AL.</b>		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 12/08/2006		AFTER SEC. AMENDMENT		12/08/06		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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				Applicant(s) <b>FANG ET AL.</b>		Page 2 of 2	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
101							151
102							152
103							153
104							154
105							155
106							156
107							157
108							158
109							159
110							160
111							161
112							162
113							163
114							164
115							165
116							166
117							167
118							168
119							169
120							170
121							171
122							172
123							173
124							174
125							175
126							176
127			1				177
128				1			178
129				1			179
130				1			180
131				1			181
132				1			182
133							183
134							184
135							185
136							186
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138							188
139							189
140							190
141							191
142							192
143							193
144							194
145							195
146							196
147							197
148							198
149							199
150							200
Total Indep			1				Total Indep
Total Depend				5			Total Depend
Total Claims				6			Total Claims

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